03/28/2011 15:45

Image# 11990327945

FORM 3X

FE6AN026

REPORT OF RECEIPTS AND DISBURSEMENTS

_		For O	ther Than An	Authorize	d Committ	ee		Office Use (Only	
1.	NAME OF COMMITTEE (in full)		EC MAILING LA		kample:If typing ver the lines	g, type				
L	American Association of Phys (AAPSPAC)	sician S	Specialists Inc. Po	itician Action	Committee					1
L										Ì
AD	DRESS (number and street)	555	50 W. Executive D	rive Suite 400]
г	Check if different	\Box								
L	than previously reported. (ACC)	Tan	mpa 				FL	3360	09	
2.	FEC IDENTIFICATION NUM	BER	_	CITY 🛕		5	STATE A	ZII	PCODE A	
	C00331017			3. IS THIS REPORT		NEW (N) OR		AMENDED (A)		
4.	TYPE OF REPORT (Choose One)	(b)) Monthly Report Due On:	Feb 20 (M2	2)	May 20 (M5)	AL	ug 20 (M8)	Nov 20 (M11 (Non-Election Year Only)	
	(a) Quarterly Reports:		Due On.	Mar 20 (M3	3)	Jun 20 (M6)	Se	ep 20 (M9)	Dec 20 (M12 (Non-Election Year Only)	<u>2)</u>
	April 15			Apr 20 (M4	.)	Jul 20 (M7)	Od	ct 20 (M10)	Jan 31 (YE)	
	Quarterly Report(Q	1)	(c) 12-Day		Primary (12F	P)	Genera	d (12G)	Runoff (12R)	.)
	X July 15 Quarterly Report(Quarterly 15	2)	PRE-Election Report for the second se		Convention (· -	Special	(12S)		•
	Quarterly Report(Q	3)					-	٦.		1
	January 31 Quarterly Report(YE	≣)		Election on	L,	<u> </u>			tate of	
	July 31 Mid-Year Report(Non-electior Year Only) (MY)	ו	(d) 30-Day Post -Elec Report for t		General (300	G)	Runoff	(30R)	Special (30S	S)
	Termination Report (TER)		,	Election on					the tate of	
5.	Covering Period 0 4		01 200	8	through	0 6	3 0	2008		
l ce	ertify that I have examined this F	Report a	and to the best of	ny knowledge	and belief it is	true, correct a	and complete	 Э.		_
Тур	oe or Print Name of Treasurer	Dr	r. Stephen A. Mon	es, D.O.						_
Sig	nature of Treasurer Electron	nically F	Filed by Dr. Step	ohen A. Monte	es, D.O.	D	ate 03	3 28	2011	
NO	TE : Submission of false, error	neous, c	or incomplete infor	mation may s	ubject the pers	on signing this	s Report to th	he penalties of	2 U.S.C 437g.	
	Office Use							1	ORM 3X 12/2004)	

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

2 / 18 FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name American Association o		n Specialists Inc. P	olitician Action Com	ımittee		
(AAPSPAC)						
Report Covering the Period:	From:	0 4 0 1	2008	To:	м м 0 б	3 0 Y Y Y Y Y 2 0 0 8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2008	" Y " Y	28484.23
(b) Cash on Hand at Begining of Reporting Period	37923.80	
(c) Total Receipts (from Line 19) .	20951.54	23851.57
(d) Subtotal (add lines 6(b) and		
6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58875.34	52335.80
. Total Disbursements (from Line 31)	16966.36	10426.82
. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	41908.98	41908.98
. Debts and Obligations owed the committee (Itemize all on Schedule C and/or Schedule D)		
Debts and Obligations owed the committee (Itemize all on		
Schedule C and/or Schedule D)		

For further information contact:

X This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

Federal Election Commission 999 E street, NW Washington, DC 20463

> Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004) 3 / 18

Write or Type Committee Name

American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

Report Covering the Period:

From:

м м 0 4

^D 0 1

Y Y W Y 2008

To:

м м 0 6 ^D 3 0

Y Y Y Y Y 2 0 0 8

	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From: (a) Individuals/Persons Other		
	Than Political Committees (i) Itemized (use Schedule A)	20600.00	22450.00
	(ii) Unitemized	350.00	1400.00
	(iii) TOTAL (add Lines 11(a)(i) and (ii)	20950.00	23850.00
	(b) Political Party Committees		
	11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	20950.00	23850.00
	Transfers From Affiliated/Other Party Committees		
13.	All Loans Received		
	Loan Repayments Received Offsets To Operating Expenditures		
16.	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal candidates and Other Political Committees		
17.	Other Federal Receipts (Dividends, Interest, etc.)	1.54	1.57
8.	Transfers from Non-Federal and Levin Funds (a) Non-Federal Account (from Schedule H3)		
	(b) Levin Funds (from Schedule H5)		
	(c) Total Transfer (add 18(a) and 18(b)).		L
	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	20951.54	23851.57
	Total Federal Receipts (subtract Line 18(c) from Line 19)	20951.54	23851.57

DETAILED SUMMARY PAGE

FEC Form 3X (Rev. 02/2003)

of Disbursements

4 / 18

	II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: (a) Shared Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share		
	(ii) Non-Federal Share		
	(b) Other Federal Operating	701.36	1661.82
	Expenditures(c) Total Operating Expenditures	701.00	1001.02
	(add 21(a)(i), (a)(ii) and (b))	701.36	1661.82
22.	Transfers to Affiliated/Other Party		
23.	Committees Contributions to Federal Candidates/Committees and Other Political Committees Independent Expenditure		500.00
25.	(use Schedule E)		
26.	Loan Repayments Made		
28.	Loans Made		15765.00
	(b) Political Party Committees		
	(c) Other Political Committees		
	(such as PACs)		
	(d) Total Contribution Refunds	15765.00	15765.00
	(add Lines 28(a), (b), and (c))	13703.00	13703.00
29.	Other Disbursements	500.00	-7500.00
30.	Federal Election Activity (2 U.S.C 431(20)) (a) Shared Federal Election Activity (from Schedule H6) (i) Federal Share		
	(ii) "Levin" Share		
	(b) Federal Election Activity Paid Entirely With Federal Funds		
	(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31.	Total Disbursements (add Lines 21(c), 22,		
	23, 24, 25, 26, 27, 28(d), 29 and 30(c))	16966.36	10426.82
32.	Total Federal Disbursements		
	(subtract Line 21(a)(ii) and Line 30(a)(ii)		
	from Line 31)	16966.36	10426.82

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003) 5 / 18

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	20950.00	23850.00
44. Total Contribution Refunds (from Line 28(d))	15765.00	15765.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5185.00	8085.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	701.36	1661.82
37. Offsets to Operating Expenditures (from Line 15, page 3)		
88. Net Operating Expenditures (subtract Line 37 from Line 36)	701.36	1661.82

FE6AN026

	HEDULE A (FEC Form 3X) MIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
<u> </u>	information copied from such Reports and S r commercial purposes, other than using the IAME OF COMMITTEE (In Full)	Statements may e name and add	y not be sold or used by any persodress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
<i>Y</i> (American Association of Physician Sp AAPSPAC)	ecialists Inc	. Politician Action Committe	e
A. <u>/</u>	full Name (Last, First, Middle Initial) APS General Fund			Date of Receipt
_	Mailing Address 5550 W Executive Dr Suite 400			04 02 2008
	City	State FL	Zip Code	Transaction ID: SA11Ai-CN2539
F	Tampa TEC ID number of contributing ederal political committee.	C	33609	Amount of Each Receipt this Period 20000.00
N	lame of Employer	Occupatio	n	see MUR 6326
F	Receipt For: 2008 Primary X General Other (specify)	Aggregate	e Year-to-Date ▼ 21300.00	
3. [full Name (Last, First, Middle Initial) Dr. Robert A. Donovan, M.D. Mailing Address 6859 Zerillo Dr	1		Date of Receipt
-			7' 0 1	05 15 2008
	City Riverbank	State CA	Zip Code 95367	Transaction ID: SA11Ai-CN2170
F	EC ID number of contributing ederal political committee.	C	33307	Amount of Each Receipt this Period 50.00
<u>N</u>	lame of Employer Self	Occupatio Physicia		
F	Receipt For: 2008 Primary X General Other (specify)	Aggregate	Year-to-Date ▼ 250.00	
	full Name (Last, First, Middle Initial) Dr. Kenneth Flowe, M.D.	1		Date of Receipt
N	Mailing Address 18 Wimbledon Dr			05 30 7 2008
	City	State	Zip Code	Transaction ID: SA11Ai-CN2184
F	Roxboro FEC ID number of contributing ederal political committee.	C	27573	Amount of Each Receipt this Period 50.00
p	lame of Employer serson Emergency Physicia- s	Occupatio Physicial		
	Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	Year-to-Date ▼ 250.00	
SU	BTOTAL of Receipts This Page (optional)			20100.00

ITEMIZED RECEIPTS	Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 / 18 (check only one) X 11a 11b 11c 12 13 14 15 16 17
or for commercial purposes, other than usin	and Statements may not be sold or used by any per g the name and address of any political committee	son for the purpose of soliciting contributions to solicit contributions from such committee.
American Association of Physician (AAPSPAC)	n Specialists Inc. Politician Action Committ	ree
Full Name (Last, First, Middle Initial) Dr. Kenneth Flowe, M.D.		Date of Receipt
Mailing Address 18 Wimbledon Dr	7'- 0-1-	06 19 2008
City Roxboro	State Zip Code NC 27573	Transaction ID: SA11Ai-CN2185 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer person Emergency Physicia- ns	Occupation Physician	
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
Full Name (Last, First, Middle Initial) Dr. Sheldon L. Katanick, D.O. Mailing Address 2627 14th St SE		Date of Receipt
	State Zip Code	05 30 2008
City Ocala	State Zip Code FL 34471	Transaction ID: SA11Ai-CN2180 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	50.00
Name of Employer Marion Radiology Center	Occupation Physician	
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Full Name (Last, First, Middle Initial) Dr. Sheldon L. Katanick, D.O.		Date of Receipt
Mailing Address 2627 14th St SE		06 19 7 4 4 4 4
City <u>Ocala</u>	State Zip Code FL 34471	Transaction ID: SA11Ai-CN2181
FEC ID number of contributing federal political committee.	FL 34471	Amount of Each Receipt this Period 50.00
Name of Employer Marion Radiology Center	Occupation Physician	
Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	
SUBTOTAL of Receipts This Page (option	nal)	150.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS	for	e separate schedule(s) each category of the stailed Summary Page	FOR LINE NUMBER: PAGE 8 / 18 (check only one) X 11a
Any information copied from such Reports and S or for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	e name and address o	of any political committee to	o solicit contributions from such committee.
American Association of Physician Sp (AAPSPAC)	ecialists Inc. Polit	tician Action Committe	e
Full Name (Last, First, Middle Initial) Dr. Bart E. Maggio, D.O.			Date of Receipt
Mailing Address 427 Passaic Ave			05 30 YYYYY 2008
City		Zip Code	Transaction ID: SA11Ai-CN2176
Passaic FEC ID number of contributing		07055	Amount of Each Receipt this Period
federal political committee.	C		50.00
Name of Employer Retired	Occupation Physician		
Receipt For: 2008	Aggregate Year-	to-Date V	
Primary X General Other (specify) ▼		250.00	
Full Name (Last, First, Middle Initial) Dr. Bart E. Maggio, D.O.	1		Date of Receipt
Mailing Address 427 Passaic Ave			06 19 2008
City		ip Code	Transaction ID: SA11Ai-CN2177
Passaic	NJ (07055	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Retired	Occupation Physician		
Receipt For: 2008	Aggregate Year-	to-Date V	
Primary X General Other (specify) ▼		300.00	
Full Name (Last, First, Middle Initial) Dr. Stephen A. Montes, D.O.			Date of Receipt
Mailing Address 701 West Wedgewood	d		0 6 0 4 2 0 0 8
City		Zip Code	Transaction ID: SA11Ai-CN2173
Muskegon	MI 4	19445	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C		50.00
Name of Employer Self	Occupation Physician		May contribution
Receipt For: 2008	Aggregate Year-	to-Date V	
Primary X General Other (specify) ▼		250.00	
			150.00

	SCHEDULE A (FEC Form 3X) FEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 9 / 18 (check only one) X
C	ny information copied from such Reports and r for commercial purposes, other than using the NAME OF COMMITTEE (In Full)	Statements may be name and add	y not be sold or used by any pers dress of any political committee to	on for the purpose of soliciting contributions o solicit contributions from such committee.
	American Association of Physician S (AAPSPAC)	pecialists Inc	. Politician Action Committe	e
۹.	Full Name (Last, First, Middle Initial) Dr. Stephen A. Montes, D.O.			Date of Receipt
	Mailing Address 701 West Wedgewoo			06 19 2008
	City Muskegon	State MI	Zip Code 49445	Transaction ID: SA11Ai-CN2171 Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Name of Employer Self	Occupatio Physicia		
	Receipt For: 2008 Primary X General Other (specify) ▼	- '	Year-to-Date ▼ 300.00	
 3.	Full Name (Last, First, Middle Initial) Michael Wheelis Meiling Address 16 Wild Turkey Pd	<u> </u>		Date of Receipt
	Mailing Address 16 Wild Turkey Rd			05 05 2008
	City	State MS	Zip Code	Transaction ID: SA11Ai-CN2168
	Natchez FEC ID number of contributing federal political committee.	C	39120	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupatio Physicia		
	Receipt For: 2008 Primary X General Other (specify) ▼	Aggregate	e Year-to-Date ▼ 250.00	
_ :	Full Name (Last, First, Middle Initial) Michael Wheelis			Date of Receipt
	Mailing Address 16 Wild Turkey Rd			06 04 2008
	City	State	Zip Code	Transaction ID: SA11Ai-CN2174
	Natchez FEC ID number of contributing federal political committee.	MS C	39120	Amount of Each Receipt this Period 50.00
	Name of Employer Self Employed	Occupatio Physicial		may contribution
	Receipt For: 2008 Primary X General Other (specify) ▼	_,	e Year-to-Date ▼ 300.00	
	SUBTOTAL of Receipts This Page (optional)	1		150.00

S

3(CHEDULE A (FEC Form 3X)		Use separate schedule(s)	FOR LINE NUMBER: PAGE 10 / 18 (check only one)
T	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17
	y information copied from such Reports and Stater for commercial purposes, other than using the nan			
<u> </u>	NAME OF COMMITTEE (In Full)			
\rangle	American Association of Physician Specia (AAPSPAC)	alists Inc.	Politician Action Committee	
	Full Name (Last, First, Middle Initial) Michael Wheelis			Date of Receipt
	Mailing Address 16 Wild Turkey Rd			06 19 2008
	City	State	Zip Code	Transaction ID: SA11Ai-CN2172
	Natchez	MS	39120	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee.	C		50.00
	Self Employed	Occupation Physician		
	Receipt For: 2008 Primary X General Other (specify) ▼		Year-to-Date ▼ 350.00	

SUBTOTAL of Receipts This Page (optional)	•	50.00
TOTAL This Period (last page this line number only)	•	20600.00

	CHEDULE B (FEC Forr EMIZED DISBURSEME	INTS for	e separate schedule each category of th ailed Summary Pag	e c	OR LINE NUMBER: PAGE 11 / 18 check only one) 21b 22 23 24 25 27 28a 28b 28c 29
					person for the purpose of soliciting contributions tee to solicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Association of Phys (AAPSPAC)	ician Specialists I	nc. Politician Ac	tion Com	mittee
	Full Name (Last, First, Middle Initial American Express				Transaction ID: SB21b-EX535 Date of Disbursement
	Mailing Address P. O. Box 53	852			04
	City Phoenix	State AZ	Zip Code 85072		Amount of Each Disbursement this Per
	Purpose of Disbursement Credit Card Processing Fee			00	
	Candidate Name			Cate Typ	• •
	Office Sought: House Senate President State: District:	Disbursement I		al	Credit Card Processing Fee
_	State: District: Full Name (Last, First, Middle Initial	<u> </u>			Transaction ID: SB21b-EX543
	American Express				Date of Disbursement
	Mailing Address P. O. Box 53	852			05 05 2008
	City Phoenix	State AZ	Zip Code 85072		Amount of Each Disbursement this Per
	Purpose of Disbursement Credit Card Processing Fee			OC	5.95
	Candidate Name			Cate	gory/
	Office Sought: House Senate President State: District:	Disbursement I		ral	Credit Card Processing Fee
	Full Name (Last, First, Middle Initial American Express)			Transaction ID: SB21b-EX547 Date of Disbursement
	Mailing Address P. O. Box 53	852			06 03 7 2008
	City Phoenix	State AZ	Zip Code 85072		Amount of Each Disbursement this Per
	Purpose of Disbursement AMX Fee			, oc	5.95
	Candidate Name			Cate Tyr	
	Office Sought: House Senate President	Disbursement I			AMX Fee
	State: District:				

TOTAL This Period (last page this line number only)

		D /EEO E																
		B (FEC Form 3X)	Use sepa	arate schedule(s) category of the				_INE		JMBE ne)	R:				PAGE	12/	18	
•	CIVIIZED DI	SBURSEMENTS		Summary Page		Х	21 27			22 28a		23 28b	F	24 28		25 29] 26 30
		ed from such Reports and rposes, other than using the															s	
$\overline{\ }$	NAME OF COM	MITTEE (In Full)																
/	American Ass (AAPSPAC)	ociation of Physician S	pecialists Inc. F	Politician Action	Co	mm	nitt	ee										
	Full Name (Last, American Exp	First, Middle Initial) ress								Trans				_	1b-E	X545		
	Mailing Address	Mailing Address P. O. Box 53852								0 ^M 6	М	/ D	1 8	B /	Y	200	8 ^Y	
	City Phoenix		State AZ	Zip Code 85072						Amou	ınt c	f Eac	h [Disbur	seme	nt this	Peri	iod
	Purpose of Disbu Credit Card Fee			Г	001	1	7								3.2	5		
	Candidate Name					ateg	ory											
	Office Sought:	House Di-	sbursement For: Primary Other (spe	2008 X General ecify) ▼					(Credit	t Ca	ard F	ee	!				
	State:	District: First, Middle Initial)												000	41. 6	V500		
	Bank of Ameri	,								Date		isbur	ser	nent		X536	V	ı
	Mailing Address	PO Box 25118								0 4		Ľ	1 !	5 ′	2	ž 0 Ŏ	8	
	City Tampa		State FL	Zip Code 33622						Amou	int c	f Eac	h [Disbur		nt this		iod
	Purpose of Disbu Bank Service Ch					001	1			<u></u>						165.9	0	
	Candidate Name																	
	Office Sought:	House Discontinuity Senate President	sbursement For: Primary Other (spe	2008 X General ecify) ▼					E	Bank	Se	rvice	CI	harge)			
	State:	District:																
	Full Name (Last, Bank of Ameri	First, Middle Initial) ca								Trans Date					1b-E	X541		
	Mailing Address	PO Box 25118								0 ^M 5	М	/ D	1 !	D /	Y 2	ž 0 Ŏ	8 ^Y	
	City Tampa		State FL	Zip Code 33622						Amou	ınt c	f Eac	h [Disbur	seme	nt this	Peri	iod
	Purpose of Disbursement					00-	1	7		L.	0					99.6	6	
	Bank Service Ch Candidate Name					001 ateg Type	ory	,										
	Office Sought:	House Dis	sbursement For: Primary Other (spe	2008 X General					E	Bank	Se	rvice	CI	harge)			
	State:	District:	3.101 (3)0	<i>J</i> / \														

TOTAL This Period (last page this line number only)

	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	Use separate schedule(for each category of the Detailed Summary Page	(check on	PAGE 13 / 18
Ar or	ny Information copied from such Reports and St for commercial purposes, other than using the	atements may not be sold or us name and address of any politic	ed by any person al committee to so	for the purpose of soliciting contributions olicit contributions from such committee
\rangle	NAME OF COMMITTEE (In Full) American Association of Physician Spe (AAPSPAC)	ecialists Inc. Politician Action	on Committee	
	Full Name (Last, First, Middle Initial) Bank of America			Transaction ID: SB21b-EX546 Date of Disbursement 0 6 7 9 1 6 7 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
	Mailing Address PO Box 25118			06 06 7 16 7 2008
	City Tampa	State Zip Code FL 33622		Amount of Each Disbursement this Period
	Purpose of Disbursement Bank Service Charge Candidate Name		001 Category/	99.17
			Type	
	Senate President	oursement For: 2008 Primary X Genera Other (specify) ▼		Bank Service Charge
_	State: District: Full Name (Last, First, Middle Initial)			T .: ID ODO41 5V540
	Global Payments			Transaction ID: SB21b-EX540 Date of Disbursement
	Mailing Address 10705 Red Run Blvd			$\begin{bmatrix} 0 & 4 & M & 7 & D & D & 2 & 7 & 2 & 0 & 0 & 8 & 9 \\ 0 & 0 & 0 & 0 & 0 & 0 & 0 & 0 & 9 & 9 &$
	City Owings Mills	State Zip Code MD 21117		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing Fee		001	47.00
	Candidate Name		Category/ Type	
	Office Sought: House Disk Senate President State: District:	ursement For: 2008 Primary X General Other (specify)		Credit Card Processing Fee
	Full Name (Last, First, Middle Initial) Global Payments			Transaction ID: SB21b-EX538 Date of Disbursement
	Mailing Address 10705 Red Run Blvd			$\begin{bmatrix} \begin{smallmatrix} M \\ D \end{smallmatrix} \begin{smallmatrix} M \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} D \\ D \end{smallmatrix} \begin{smallmatrix} D \end{smallmatrix} \end{bmatrix} / \begin{bmatrix} \begin{smallmatrix} Y \\ D \end{smallmatrix} \begin{smallmatrix} Y \end{smallmatrix} $
	City Owings Mills	State Zip Code MD 21117		Amount of Each Disbursement this Period
	Purpose of Disbursement Credit Card Processing		001	48.89
	Candidate Name		Category/	
	Office Sought: House Disk Senate President	ursement For: 2008 Primary X General Other (specify) ▼	Туре	Credit Card Processing
_	State: District:			

TOTAL This Period (last page this line number only)

Transaction ID: SB21b-EX548 Disbursement For: 2008 President Disbursement Bank Service Charge Disbursement Brunges of Disbursement Brunges of Disbursement District:	S	CHEDULE B (FEC Form 3X)	Use separate schedule(s)					NE NUMBER: PAGE 14 / 18								
NAME OF COMMITTEE (In Full)	IT	TEMIZED DISBURSEMENTS	for each	category of the (ì	21b		22				l .	Н	l .	Н
NAME OF COMMITTEE (in Full) American Association of Physician Specialists Inc. Politician Action Committee (AAPSPACE) FUN Name (Last, First, Middle Initial) Global Payments Mailing Address 10705 Red Run Blvd City Owings Mills MD 21117 Purpose of Disbursement credit card processing fee Candidate Name Office Sought: House Senate Primary General Primary General Purpose of Disbursement State: District: Full Name (Last, First, Middle Initial) Sun Trust Office Sought: House Senate Primary General Purpose of Disbursement Sank Service Charge Office Sought: House Senate Primary General Purpose of Disbursement Sank Service Charge Office Sought: House Senate President State: District: Full Name (Last, First, Middle Initial) Sun Trust Office Sought: House Senate President Sank Service Charge Office Sought: House Senate Primary General President State: District: Full Name (Last, First, Middle Initial) Sun Trust Mailing Address Soo N Westshore Bivd State: District: Full Name (Last, First, Middle Initial) Sun Trust Mailing Address Soo N Westshore Bivd State: District: Full Name (Last, First, Middle Initial) Sun Trust Mailing Address Soo N Westshore Bivd State: District: Full Name (Last, First, Middle Initial) Sun Trust Mailing Address Soo N Westshore Bivd Suite 100 City Transaction ID: SB21b-EX605 Date of Disbursement Office Sought: House Senate Primary General President Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought: House Senate President Office Sought: House Senate President Office Sought: House Senate President Office Sought: House Senate Primary General Office Sought: House Senate President Office Sought: House Senate Primary General Office Sought: House Senate President Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought: House Senate Primary General Office Sought Hous																s
CAAPSPAC) Full Name (Last, First, Middle Initial) Global Payments Mailing Address 10705 Red Run Blvd	K	<u> </u>		oo o. a, pooa.	-											
Global Payments Mailing Address 10705 Red Run Blvd City State Number Candidate Name Office Sought: House Primary General Primary General Primary General Sance Obsbursement This Period Other (specify) ▼ Full Name (Last, First, Middle Initial) SunTrust Mailing Address Son N Westshore Blvd Suite 100 City Senate Primary General Other (specify) ▼ State District: Primary General Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement this Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Category/ Type Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Amount of Each Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other (specify) ▼ Transaction ID: SB21b-Ex539 Date of Disbursement This Period Other		American Association of Physician Special (AAPSPAC)	llists Inc. P	olitician Action	n Co	omn	nittee									
City Owings Mills MD 21117 Purpose of Disbursement caredit card processing fee Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 Cardidate Name Office Sought: House President Sharts Senate President Sharts Sharts Senate Primary X General Other (specify) ▼ Office Sought: House Senate Primary X General Other (specify) ▼ Office Sought: Senate Primary X General Other (specify) ▼ Office Sought: House Senate Primary X General Other (specify) ▼ Candidate Name Office Sought: House Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Category' Type Office Sought: House Senate Primary X General Other (specify) ▼ Subtrotal of Disbursement This Page (optional) Senate Primary X General Other (specify) ▼	۷.	•									-	_		o-EX	< 548	
Owings Mills Purpose of Disbursement credit card processing fee Candidate Name Office Sought: House Senate Primary X General Primary X General Primary State: District: Full Name (Last, First, Middle Initial) Suntrust Mailing Address 500 N Westshore Blvd Suite 100 City Tampa Purpose of Disbursement For: 2008 Senate Primary X General Disbursement this Period Type Office Sought: House Senate Primary X General Disbursement this Period Category' Type Office Sought: House Primary X General Disbursement Tor: 2008 Senate Primary X General District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State Zip Code Primary X General Disbursement For: 2008 Senate Primary X General District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State Zip Code Tampa FL 33609 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary X General Disbursement This Period Category' Type Office Sought: House Senate Primary X General Disbursement This Period Category' Type Office Sought: House Senate Primary X General Disbursement This Period Category' Type Office Sought: House Senate Primary X General Disbursement This Period Category' Type Office Sought: House Senate Primary X General Disbursement This Period Category' Type Office Sought: House Disbursement For: 2008 Senate President Other (specify) ▼ Subtotal of Disbursement this Period Category' Type Campaign Mailings		Mailing Address 10705 Red Run Blvd							0 6	М	0	3	/ Y	ž	οŏ	8 ^Y
Office Sought: House Primary State Primary State: District: Full Name (Last, First, Middle Initial) SunTrust Office Sought: House Primary State Zip Code Primary State: District: Full Name (Last, First, Middle Initial) SunTrust Office Sought: House Primary State: District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State Zip Code Primary State: District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State: District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State: District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State Zip Code Tampa FL 33609 Purpose of Disbursement Office Sought: House Primary State Zip Code Category/ Type Candidate Name Office Sought: House Primary Separate							Amou	nt o	f Each	Dis	sburse	-	-			
Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City Tampa FL 33609 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address Son N Westshore Blvd Suite 100 City Tampa FL 33609 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: House President State: District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City Sanate Primary General Other (specify) ▼ Transaction ID: SB21b-EX539 Date of Disbursement this Period Tampa FL 33609 Purpose of Disbursement Office Sought: House Sanate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Tampa FL 33609 Purpose of Disbursement Office Sought: House Senate Primary General Other (specify) ▼ Category/ Type					Т	00				-					49.92	2
Office Sought:					С	ateg	ory/									
Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State Zip Code Tampa FL 33609 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: House Senate Primary General Suite 100 State: District: Mailing Address 500 N Westshore Blvd Suite 100 Transaction ID: SB21b-EX539 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB21b-EX639 Date of Disbursement this Period Amount of Each Disbursement this Period Transaction ID: SB21b-EX605 Date of Disbursement this Period Transaction ID: SB21b-EX605 Date of Disbursement this Period Transaction ID: SB21b-EX605 Date of Disbursement Other (specify) ▼ Transaction ID: SB21b-EX605 Date of Disbursement Other (specify) ▼ Transaction ID: SB21b-EX605 Date of Disbursement Other (specify) ▼ Transaction ID: SB21b-EX605 Date of Disbursement Ibis Period Transaction ID: SB21b-EX605 Date of Disbursement this Period Amount of Each Disbursement this Period Other (specify) ▼ Campaign Mailings Campaign Mailings Subtrotal of Disbursements This Page (optional)		Senate	Primary	X General		ТУР	<u> </u>		credit	caı	d pro	ces	ssing	fee		
SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City Tampa FL 33609 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: House President Suite 100 City Tampa FL 33609 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: House President Suite 100 City Tampa FL 33609 Transaction ID: SB21b-EX605 Date of Disbursement this Period Transaction ID: SB21b-EX605 Date of Disbursement Mailing Address 500 N Westshore Blvd Suite 100 City Tampa FL 33609 Purpose of Disbursement Candidate Name Candidate Name Candidate Name Office Sought: House Primary X General Other (specify) ▼ Amount of Each Disbursement this Period Transaction ID: SB21b-EX605 Date of Disbursement M M M D M D M M D M M D M M D M M D M M D M M D M M D M M M D M M M D M M M D M	_															
Suite 100 City Tampa FL 33609 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: House Senate Primary Ageneral Other (specify) Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City Tampa FL 33609 Frimary Ageneral Other (specify) Transaction ID: SB21b-EX605 Date of Disbursement Mailing Address 500 N Westshore Blvd Suite 100 City Tampa FL 33609 Purpose of Disbursement Office Sought: House Senate Primary Ageneral Other (specify) Other (specify) State: District: Subtotal of Disbursement This Page (optional) Disbursement For: 2008 Senate Primary Ageneral Other (specify) Other (specify) Subtotal of Disbursements This Page (optional) Disbursement For: 2008 Subtotal of Disbursement For: 2008 Subtotal of Disbursements This Page (optional) Disbursement For: 2008 Subtotal of Disbursements This Page (optional)	3.	,							Date o	of D	isburse	eme				
Tampa FL 33609 Purpose of Disbursement Bank Service Charge Candidate Name Office Sought: House Senate Primary X General Other (specify) ▼ Bank Service Charge City Service Charge Transaction ID: SB21b-EX605 Date of Disbursement Office Sought: Suite 100 City State Zip Code FL 33609 Purpose of Disbursement Candidate Name Office Sought: House Primary X General Other (specify) ▼ Office Sought: House Primary X General Other (specify) ▼ Subtotal of Disbursement For: 2008 Senate Primary X General Other (specify) ▼ Subtotal of Disbursements This Page (optional) ■ Subtotal of Disbursements This Page (optional) ■ Subtotal of Disbursements This Page (optional) ■ 153.72 Category/ Type Category/ Type Category/ Type Campaign Mailings									0 4	М	[′] 2	2 4	/ Y	ž	οŏ	8 ^Y
Bank Service Charge Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City Tampa FL 33609 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ Subtotal Other (specify) ▼									Amou	nt o	f Each	Dis	burse	men	t this	Perio
Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State Zip Code Tampa FL 33609 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Office Sought: House Senate Primary General Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)					Г	00	1		L.					1:	53.72	2
Senate Primary		Candidate Name			С											
Full Name (Last, First, Middle Initial) SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State Zip Code Tampa FL 33609 Purpose of Disbursement Candidate Name Office Sought: House President Primary X General President Other (specify) State: District: Subtotal Initial) Transaction ID: SB21b-EX605 Date of Disbursement Office Subdiversement Office Suddiversement Transaction ID: SB21b-EX605 Date of Disbursement Office Subdiversement Office Subdiversement For: 2008 Senate Primary X General Other (specify) State: District: Subtotal Of Disbursements This Page (optional)		Senate President	Primary	X General					Bank	Ser	vice (Cha	arge			
SunTrust Mailing Address 500 N Westshore Blvd Suite 100 City State Zip Code Tampa FL 33609 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary X General Other (specify) Type Office Sought: District: Subtrotal of Disbursements This Page (optional)	_															
Suite 100 City State Zip Code Tampa FL 33609 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary X General President President Other (specify) ▼ Subtotal of Disbursements This Page (optional) Suite 100 Amount of Each Disbursement this Period Category/ Type Category/ Type Campaign Mailings Campaign Mailings	Э.	,							Date o	of D	isburse	eme				V.
Tampa FL 33609 Purpose of Disbursement Candidate Name Office Sought: House Senate Primary X General President Other (specify) ▼ State: District: SUBTOTAL of Disbursements This Page (optional)									0 4	М	/ L ^B 2	2 4		ž	0 Ŏ	8 ^Y
Candidate Name Office Sought: House Senate Primary X General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional) Category/ Type Campaign Mailings Campaign Mailings		City							Amou	nt o	f Each	Dis	sburse	men	t this	Perio
Candidate Name Category/ Type Office Sought: House Senate Primary X General Other (specify) State: District: Category/ Type Campaign Mailings Campaign Mailings		Purpose of Disbursement			Г									_	0.00)
Senate Primary X General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)		Candidate Name		С	ateg	ory/										
SUBTOTAL of Disbursements This Page (optional)		Senate	Primary	X General					Camp	aig	n Mai	ilinç	gs			
GODITOTAL OF DISDUISCHICHS THIS Fage (Optional)	_	State: District:														
		SUBTOTAL of Disbursements This Page (optional)					•							20	03.6	1
	Г	FOTAL This Period (last page this line number only)					<u> </u>									-

State:

A.

District:

_	EB.III E E /=		•••															
	CHEDULE B (F		, I	Use separate schedule(s) (check					NE NUMBER: PA						GE	15 / 1	8	
11	TEMIZED DISBURSEMENTS				for each category of the Detailed Summary Page			21b 27	Á	22 28a	ш.	23 28b	Н	24 28c	Н	25 29		26 30b
	y Information copied fror for commercial purposes			•		•	•				•			_				
\	NAME OF COMMITTE	EE (In Full)																
<u>/</u>	American Association (AAPSPAC)	on of Physicia	n Speciali	sts Inc. P	Politician Actio	n Co	mn	nittee										
	Full Name (Last, First,	Middle Initial)								Trans	actio	n ID:	S	B21b	-EX	(544		
	SunTrust									Date o	of Dis	burse	eme	nt				
		00 N Westshor	re Blvd							0 ^M 5	M /	^D 3	0	/ Y	ž	o ŏ 8	Υ	
	City		_	state	Zip Code					Amou	nt of	Each	Dis	burser	nen	t this P	erio	d
	Tampa		F	=L	33609						-	-			-	40.00	-	
	Purpose of Disburseme Bank Service Charge	ent					00	1			_		_			16.00	-	
	Candidate Name					ı	ateg Typ	ory/ e										
		House	Disbursen		2008					Bank	Serv	vice (Cha	rae				
		Senate		Primary	X General					- ariik	- Oi (J. 10	90				
		President		Other (spe	ecify) 🔻													

SUBTOTAL of Disbursements This Page (optional)	•	16.00
TOTAL This Period (last page this line number only)	•	701.36

IT	CHEDULE B (FEC Form 3X) EMIZED DISBURSEMENTS	for each of Detailed \$	arate schedule(s) category of the Summary Page	(check only 21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
	y Information copied from such Reports and S for commercial purposes, other than using the	•		, , ,	· ·
\rangle	NAME OF COMMITTEE (In Full) American Association of Physician Sp (AAPSPAC)	pecialists Inc. P	olitician Action (Committee	
	Full Name (Last, First, Middle Initial) Audrey Gibson Campaign Mailing Address PO Box 12064				Transaction ID: SB21b-EX530 Date of Disbursement M M M / D B / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City Jacksonville Purpose of Disbursement Candidate Name	State FL	Zip Code 32209	011 Category/	Amount of Each Disbursement this Period 500.00
	Office Sought: Senate President State: District:	sbursement For: Primary Other (spe	2008 X General	Туре	Political Contributions

		500.00
SUBTOTAL of Disbursements This Page (optional)		500.00
TOTAL This Period (last page this line number only)	•	500.00

В.

	EOD LINE	
arate schedule(s)		NUMBER: PAGE 17/18
category of the	1 — -	
Summary Page	_ 	22 23 24 25 26 X 28a 28b 28c 29 30b
		or the purpose of soliciting contributions licit contributions from such committee
Politician Action	Committee	
		Transaction ID: SB28a-CR21
		Date of Disbursement
		$\begin{bmatrix} \begin{smallmatrix} M & M \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} D & D \\ O & 4 \end{smallmatrix} \end{bmatrix} \ \begin{bmatrix} \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 \end{smallmatrix} \end{bmatrix} $
Zip Code 33609		Amount of Each Disbursement this Period
		1300.00
	Category/ Type	
2008 X General ecify)		see MUR 6326
		Transaction ID: SB28a-CR22 Date of Disbursement
		$\begin{bmatrix} \begin{smallmatrix} M & 4 & M \\ 0 & 4 & M \end{smallmatrix} & \begin{smallmatrix} D & D & D \\ 0 & 1 & 5 \end{smallmatrix} & \begin{smallmatrix} Y & Y & Y & Y \\ 2 & 0 & 0 & 8 & Y \end{bmatrix}$
Zip Code 33609		Amount of Each Disbursement this Period
		14465.00
	Category/ Type	
2008 X General ecify)		see MUR 6326
	Zip Code 33609 Zip Code 33609 Zip Code 33609	Category/ Type Zip Code 33609

SUBTOTAL of Disbursements This Page (optional)	•	15765.00
TOTAL This Period (last page this line number only)	<u> </u>	15765.00

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

(Use separate schedule(s) for each numbered line) PAGE 18 / 18
FOR LINE NUMBER: (check only one) X

Х	9
	10

Excluding Loans

NAME OF COMMITTEE (In Full)
American Association of Physician Specialists Inc. Politician Action Committee (AAPSPAC)

1		Nature of Debt (Purpose): Invoice: Political Contributions	
Mailing Address 305 Bo	onnieview Rd		
City	State	ZIP Code	
Fernandina Beach	FL	32034	
Outstanding Balance Bo	eginning This Period 500.00		Transaction ID: SD9-INV364
Amount Incurred	This Period	Payment This Period	d Outstanding Balance at Close of This Period
	.00		.00.
	Aaron Bean Campaigr Mailing Address 305 Bo City Fernandina Beach Outstanding Balance Bo	Aaron Bean Campaign Mailing Address 305 Bonnieview Rd City State Fernandina Beach FL Outstanding Balance Beginning This Period 500.00 Amount Incurred This Period	Mailing Address 305 Bonnieview Rd City State ZIP Code Fernandina Beach FL 32034 Outstanding Balance Beginning This Period 500.00 Amount Incurred This Period Payment This Perio

1) SUBTOTALS This Period This Page (optional)	0.00
2) TOTALS This Period (last page this line number only)	▶ 0.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)	▶ 0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)	>